

Letter of Authority – State Pension, National Insurance and Related Entitlements (including Home Responsibilities Protection)

Evanshaw Ltd

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Company No. 14799332

Agent Reference Number (ARN): FARN0054948
Self-Assessment Agent Code: 3004NQ
PAYE Ref: IA6537

To Whom It May Concern at HMRC and the Department for Work and Pensions (DWP):

RE: Letter of Authority – State Pension, National Insurance and Related Entitlements (including HRP)

I,, of
.....,
born on, National Insurance Number:,
hereby authorise Evanshaw Ltd to act on my behalf in relation to the investigation,
preparation, and submission of claims concerning my State Pension, National
Insurance record, Home Responsibilities Protection (HRP), Pension Credit, and any
associated entitlements.

Client Authority

This authorisation includes, but is not limited to:

- Communicating with HMRC and DWP by phone, post, or digitally
- Requesting and receiving my National Insurance and HRP records
- Preparing, submitting, and managing all documentation, forms, and appeals relevant to my claim(s)
- Liaising with government departments to clarify any discrepancies or provide supporting information
- Receiving correspondence directly related to my claims

I consent to Evanshaw Ltd handling my personal data solely for the purposes of processing my claim(s), in accordance with the UK GDPR and Data Protection Act 2018.

Extended Authority

This authority also covers all matters relating to my State Pension, National Insurance record, Home Responsibilities Protection (HRP), Pension Credit, and associated entitlements. Evanshaw Ltd may:

- Request and receive my National Insurance statements, contribution history, credits, and qualifying years.
 - Request and receive my State Pension forecast, including any breakdown of current or projected entitlement.
 - Request and receive copies of my original State Pension award letter and any subsequent corrections, arrears, or underpayment records.
 - Request and receive any correspondence, records, or notices from HMRC or DWP relating to my pension entitlement, adjustments, recalculations, or reviews.
 - Request and receive information relating to Pension Credit entitlement, non-uptake, or arrears.
 - Liaise with HMRC/DWP to clarify calculations, including access to internal notes or records necessary to determine or revise my entitlement.
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Repayment Nomination

I authorise Evanshaw Ltd to receive, as my nominee, any back-dated arrears/back-payments issued by HMRC or DWP as a result of my claim(s). This is a bare nomination only and is intended to operate in accordance with HMRC PAYE Manual PAYE91040 (Nominees). I may withdraw this nomination at any time before HMRC/DWP issues any repayment.

- Evanshaw may request HMRC/DWP to issue any arrears/back-payments to Evanshaw Ltd as nominee, solely so Evanshaw can deduct its agreed fee and promptly remit the balance to me.
- The success fee is 36% (incl. VAT) of arrears/back-payments actually received (net of any HMRC/DWP set-offs), as set out in Evanshaw's Terms & Conditions and Conditional Fee Agreement (CFA).

- If HMRC/DWP pays me directly, I agree to pay Evanshaw's fee within 7 days of receipt.
- This Letter of Authority is submitted alongside Form 64-8, appointing Evanshaw Ltd as my authorised tax agent.
- Any repayment received by Evanshaw on my behalf will be held on trust for me and the balance (after fee deduction) paid to my nominated bank account within 7 working days of clearance.

No assignment

Following Spring Budget 2023, assignments of income tax repayments are void. This LOA uses a bare nomination only.

Evanshaw Ltd Bank Details

Bank Name: HSBC Bank
Account Name: Evanshaw Ltd (Client Account)
Account Number: 11845624
Sort Code: 40-43-10

Client Declaration

This Letter of Authority remains valid until the completion of my claim(s) relating to State Pension, National Insurance, HRP, Pension Credit or associated entitlements, unless revoked by me in writing. If required, I agree to re-sign or reconfirm this authority upon request by Evanshaw Ltd.

I confirm I have read and understood this Letter of Authority and give my full consent for Evanshaw Ltd to act on my behalf. I understand that I can revoke this authority at any time by giving written notice.

Client Details

Full Name:
Date of Birth:
National Insurance Number:
Signature:
Date:

Agent Details

Agent Name: Evanshaw Ltd

Director: Mr. Nadeem Shoukat

Agent Reference Number (ARN): FARN0054948

Signature: _____

Date: